24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	
Black PAC	FEC IDENTIFICATION NUMBER ▼
	C C00609388
Check if 24-hour report 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Deliver Strategies, LLC	M M / D D / Y Y Y Y
Mailing Address PO Box 100970	10 12 2020
	Amount
City State Zip Code	6398.45
Arlington VA 22210-3970	Transaction ID : VTDG0AEVEG0 Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail - Estimate Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	ee Sought: 🗶 House District:08
Timmons-Goodson, Patricia, , , Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disb 2020	oursement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Deliver Strategies, LLC	10 12 2020
Mailing Address PO Box 100970	10 12 2020
	Amount
City State Zip Code	3839.06
Arlington VA 22210-3970	Transaction ID : VTDG0AEVEX2 Date of Disbursement or Obligation
Purpose of Expenditure Category/	Mam / Dab / Yayayay
Direct Mail - Estimate Type	
Name of Federal Candidate Support Office	ce Sought: House District:
Biden, Joseph, R., , Jr.	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Dist. 202	
	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	10237.51
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Shropshire, Adrianne, R., , [Electronically Filed] Date	10 14 2020
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 3 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	EC IDENTIFICATION NUMBER ▼
Black PAC	C C00609388
Check if 24-hour report 48-hour report New report Amends report filed on	M / D = D / Y = Y = Y
Full Name of Payee Date of	Public Distribution/Dissemination
Garoi Media LLC	
Mailing Address 8901 NW 183rd St Amount	
City State Zip Code	62225.00
Hialeah FL 33018-6568 Transac	ction ID : VTDG0AEVGX6 Disbursement or Obligation
Purpose of Expenditure Media Buy & Production - Estimate Category/ Type	M / D D / Y Y Y Y
Name of Federal Candidate X Support Office Sought:	House District:
Biden, Joseph, R., , Jr. Oppose President	t Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbursement F 2020 Othe	For: Primary ✗ General er (specify) ▶
	Public Distribution/Dissemination
	0 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 909 3rd Ave	
FI 15	
City State Zip Code New York NY 10022-4745 Transact	65233.70 tion ID : VTDG0AEVHV3
Date of	Disbursement or Obligation
Purpose of Expenditure Media Buy - Estimate Category/ Type	M / D D / Y Y Y Y
Name of Federal Candidate X Support Office Sought:	House District:
Biden, Joseph, R., , Jr. Oppose 🗶 President	state:
Calendar Year-To-Date Per Election for Office Sought Disbursement I 2020 Oth	For: Primary X General er (specify) ►
·	
(a) SUBTOTAL of Itemized Independent Expenditures	127458.70
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 1 5 1
(c) TOTAL Independent Expenditures	7 . 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cocwith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
Shropshire, Adrianne, R., , [Electronically Filed] Date 10	14 2020
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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 3 OF 3 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Black PAC	C C00609388
Check if 24-hour report 48-hour report New report Amends report filed on	M / D D / Y D Y D Y
Full Name of Payee Date of	of Public Distribution/Dissemination
	10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 909 3rd Ave Amoun	nt
FI 15	
City State Zip Code	83305.60
Date of	action ID: VTDG0AEVHW1 of Disbursement or Obligation
Purpose of Expenditure Media Buy - Estimate Category/ Type	M / D D / Y Y Y Y Y
Name of Federal Candidate	t: House District:
Biden, Joseph, R., , Jr. Oppose Very Preside	
Calendar Year-To-Date Per Election for Office Sought Disbursement 2020	
	ther (specify) -
	of Public Distribution/Dissemination
Mailing Address	nt
City State Zip Code	7 7 7
	of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M / D D / Y Y Y Y
Name of Federal Candidate Support Office Sough	t: House District:
Oppose Preside	ent Senate State:
Calendar Year-To-Date Disbursemen	t For: Primary General
Per Election for Office Sought	ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	00005.00
(a) SOBTOTAL OF REINIZED INDEPENDENT EXPENDITURES	83305.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	221001.81
Under penalty of perjury I certify that the independent expenditures reported herein were not made in c with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if t party committee) any political party committee or its agent.	
Shropshire, Adrianne, R., , [Electronically Filed] Date 10	14 2020
Signature	